

Chair Haines and Members of the House Standing Committee on Health Policy:

On January 26th, 2012 I attended the House Standing Committee on Health Policy to testify about our grave concerns regarding House Bills 4862 and 4863, including the substitutes that were introduced. As a community member, licensed substance abuse treatment and prevention provider in Ionia County I have seen how policy can impact the local community services in a negative way. Ionia County was assigned to the coordinating agency MINK from 1976 until 2002. In 2003, Ionia County divorced itself from MINK after years of having no accountability, no voice at the table where decisions were made about local services, and no transparency. Ionia County chose to incur a 15% penalty for breaking away from this situation rather than continue to have an outside entity make decisions about community needs. The current H-1 versions of the bills present the same situation for Ionia County: lack of representation and voice in local decisions. Essentially, they will force the county back into our pre-2003 situation.

We also have concerns regarding the transition into a CMH based system of care. The concerns with CMH are not about the quality of services that they provide locally. The concern is that these bills do not offer an assurance that substance abuse funding will not be comingled with other CMH funding. The transition to CMH would also destroy the current provider network our county has spent the last decade developing. This network is currently doing a fantastic job of meeting our community's needs. The system the bills propose does not allow for any representation at the table where vital decisions about our community will occur. If the local community, including the substance abuse community, is not a valued partner with CMH now, what does that say about the future funding and administration of substance abuse initiatives? This proposal would be a backward move for our community and communities like it.

The current CMH system does not represent the population base as a whole. While it is recognized that substance abuse and mental health are co-occurring disorders **this does not reflect the majority of the substance abuse consumers**. Mingling them together would deter treatment and prevention opportunities for the community. It would also worsen the stigma attached to both areas. CMH governing boards do not have representation in the area of substance abuse treatment and substance abuse prevention because they are focused on mental health. Our local CMH governing board is not elected and this creates minimal accountability to the community at large. By contrast, our current governance structure for substances abuse consists of county commissioners and locally appointed community members. This set up allows for both accountability and community buy in.

Furthermore, mental health does not have the capacity to implement substance abuse prevention. This would bring evidenced based prevention activities to a halt in our community. As recently as February of 2011 CMH admitted that they are not serving less severe/mild consumers and their primary focus was not prevention. Combining mental health and substance abuse puts the minimal funding that substance abuse receives at risk of being merged into a larger, better funded system that has a primary focus of serving severely emotional disturbed and persistently mentally impairment individuals.

Changes in the bureaucratic funding structure of the substance abuse system need to be made. However, the proposed changes would do more harm than good in communities like ours. The following suggestions would make the proposed bills more palatable for our community:

- Insert language which would mandate local representation on board of director's of any entity which substance abuse funding will flow through. This would allow for the elimination of the CA's and the preservation of local control.
- Insert language which would allow currently established systems of care to be preserved. Also, allow the board of commissioners in any county to choose whether substance abuse services will be run through CMH or the local health department. By allowing this decision to be made locally you will ensure it is what is best for the given community. Also, since both the health department and CMH already exist this language would not reduce efficiency.

Thank you for considering our comments and suggestions.

Sincerely,

Cari O'Connor, LMSW, CAAC
Montcalm County & Ionia County
Great Start Director

James Lower, BA
Ionia County Commissioner
2nd District